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Improving Patient Flow in Male Urgent Area (MUA) in Emergency Department

PROBLEM:

- Only 48% of MUA patients on whom blood tests are ordered (average 125 patients per 24 hours) have phlebotomy performed within 60 minutes of the initial physician encounter in ED. Long wait time for phlebotomy delays blood test results and clinical decisions which can cause deterioration of patient condition, prolonged ED length of stay and patient dissatisfaction.

AIM: By 10 May 2013, to improve – from 48% to 75% - the proportion of MUA patients who get phlebotomy performed within 60 mins from Initial Physician Encounter in Emergency Department.

INTERVENTION:

- Process Mapping showed that MUA receives patients from Male See and Treat (MST) (60%), Ambulance Rapid Assessment (RIAMS) (30%) and Bays 1/2 (7%). Patient assessment and management in MUA happened only after the patient was bedded in MUA. Bed shortage in MUA often results in delayed bedding, and patients have to wait in chairs in the corridor without a management plan.
- Physician Survey showed that transferring physicians were unaware of required elements of initial management plan, and also they considered patient management to be the MUA physician's job once they ordered the transfer.
- A new policy was implemented requiring physicians to document an initial management plan with defined elements when ordering patient transfer to MUA (including ordering blood tests) and nurses to perform phlebotomy prior to MUA transfer.
- While RIAMS and Bay1/2 were capable of phlebotomy, a 'Rapid Assessment Unit' with dedicated nursing staff was created in MST, allowing phlebotomy prior to MUA transfer.

TEAM:

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PROJECT SPONSOR:

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- Dr. Yogdutt Sharma – Vice Chair ED (Clinical Ops)
- Dr. Salem Abosalah – ED QPS Lead
- Mr. Andrew Frazer – DON - ED

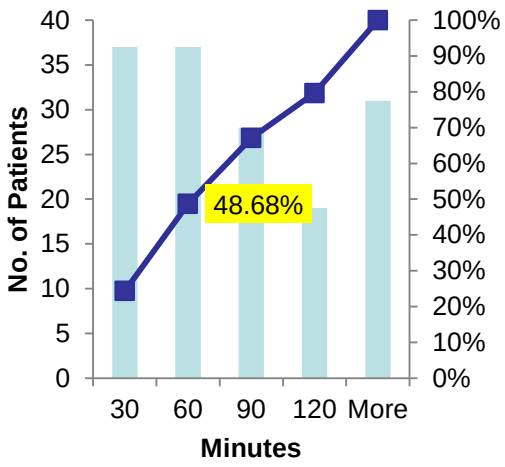
COACH

- Dr. Biju Ghafoor – Consultant - ED

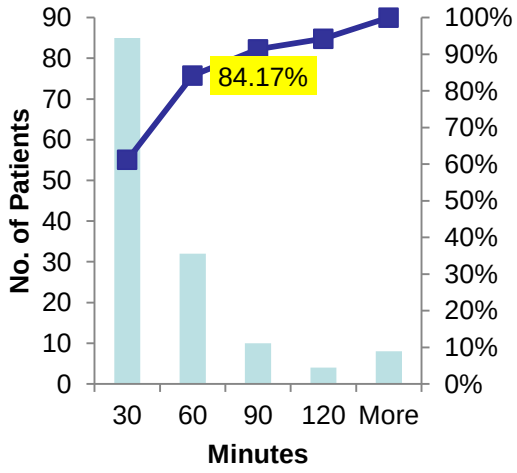
RESULTS:

Time from First Physician Encounter in ED to Phlebotomy – MUA Patients

Pre-Intervention



Post-Intervention



CONCLUSIONS:

- The 1 hour time target for phlebotomy was achieved in 84% MUA patients, exceeding our target of 75% patients.
- Simple interventions to allow formulation and initial execution of plan of care at the first physician encounter, before a patient is transferred to a busy clinical area drastically reduced the wait time to phlebotomy.
- This should result in faster return of blood test results, allowing quicker decision making.

NEXT STEPS:

- Sustain the improvements by monthly audits.
- Study and further improve the phlebotomy wait time in MUA patients.
- Study and improve process streams for different MUA patient sub-groups. A project is planned to identify and stream ambulatory patients for potential discharge within 2-3 hours, who may be managed in a sitting bay without bedding, thus freeing up beds for patients who require one.